



State of Tennessee  
Department of Financial Institutions  
511 Union Street 4th Floor  
Nashville, Tennessee 37219

**Memorandum:**

To: All Mortgage Brokers, Lenders, and Servicers

Subject: **Registrant Renewal - \$100**

**Your Certificate of Registration under the Tennessee Residential Lending, Brokerage, and Servicing Act expires December 31, 2004. The enclosed renewal forms should be completed and returned to this office no later than December 1, 2004 as required by T.C.A. § 45-13-105.**

T.C.A. § 45-13-105(c)(2) On or before December 1 of each year, each licensee shall pay a renewal fee of five hundred dollars (\$500.00) and ***each registrant shall pay a renewal fee of one hundred dollars (\$100.00)***, to the commissioner for the following year, commencing January 1, together with such renewal application as the commissioner may require. Failure to pay the renewal fee or to submit a renewal application shall cause the license to expire at the close of business on December 31.

(d) No abatement of the license fee shall be made if the license is surrendered, canceled, revoked or suspended prior to the expiration of the period for which it was issued.

**Please be mindful that as of January 1, 2005 T.C.A. § 45-13-126 requires registration of all mortgage loan originators. The mortgage loan originator packet of information and forms will be mailed in late December. At that time, all forms will be accessible from our website at [www.state.tn.us/financialinst/](http://www.state.tn.us/financialinst/). If you have any questions after viewing information and answers to frequently asked questions, please call the Mortgage Loan Originator Helpline at 615-741-2837 or the Department at 615-741-3186.**

T.C.A. § 45-13-126(a) Before an individual may provide services as a mortgage loan originator for a licensee or registrant, that individual shall be registered with the commissioner in affiliation with that licensee or registrant. A mortgage loan originator shall not be registered in affiliation with more than one licensee or registrant at the same time.

## **REQUIREMENTS FOR 2005 REGISTRANT RENEWAL**

Please complete all applicable questions on the pages provided.

**All Registrants** must provide the following items:

- 1) \$100.00 renewal fee made payable to "Department of Financial Institutions"
- 2) Copy of government approval letter or certificate from one or more of the following:
  - Veterans Administration
  - Federal Home Loan Mortgage Corp.
  - US Dept of Housing & Urban Development
  - Federal National Mortgage Association
  - FannieMae
  - FreddieMac
- 3) A **compiled, reviewed, or audited** financial statement less than 12 months old in the name of the applicant, prepared in accordance with generally accepted accounting principles with a cover letter completed by an independent CPA or PA. It must show a tangible net worth of \$25,000 for the headquarters location, as well as an additional \$25,000 for each location in Tennessee.
- 4) If the applicant is a **Corporation, LLC, or Limited Partnership** please provide the TN Secretary of State control ID # on page 3 of application.

**NOTICE:** If any items are missing, your license cannot be renewed, and the application will be returned to you. We must have all the required items before we can issue a license for 2005. The application must be postmarked by December 1, otherwise, it will be treated as a new application and additional fees will apply.

If you have any questions, please call 615-741-3186.

The application should be mailed to:

Department of Financial Institutions  
Compliance Division  
511 Union Street  
Nashville City Center 4th Floor  
Nashville, TN 37219



## REGISTRATION RENEWAL APPLICATION:

Renewal Fee: \$100.00

(check appropriate box(es)) <input type="checkbox"/> Broker <input type="checkbox"/> Lender <input type="checkbox"/> Servicer	<b>OFFICE USE ONLY:</b> Date: _____ License # _____ Check # _____ File # _____
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Please refer to accompanying instructions before completing this registration application.

### I. BUSINESS ENTITY INFORMATION:

#### A. General

Name of Business		Business E-mail:
Street Address	City	State
County	Zip Code	Telephone No.
Federal Taxpayer I. D. Number		State where organized
Date of Organization		Date admitted into Tennessee (N/A if sole proprietor or general partnership)
Name of Bank		Account number/s
Name of Tennessee Registered Agent		Address of Agent

#### B. Type of Entity: (check appropriate box)

Tenn. Secretary of State filing not required:

- ☐ An Individual doing business under own name  
SSN \_\_\_\_\_
- ☐ An Individual doing business under assumed or  
trade name
- ☐ A general partnership

Requires Tenn. Secretary of State filing:

- ☐ A corporation - please list Tenn. control ID #  
\_\_\_\_\_
- ☐ An Association
- ☐ A limited partnership
- ☐ A trust
- ☐ A Limited Liability Company - please list  
Tenn. control ID # \_\_\_\_\_
- ☐ Other \_\_\_\_\_  
(Describe)

C. Regulatory History

1. Has the Registrant ever been subject to any administrative action by a State or Federal Regulatory Agency? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Has the Registrant ever surrendered or been refused a license by any State or Federal Regulatory Agency? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Has there been any felony indictment of the registrant or any of its officers, directors or principals? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Has there been any felony conviction of the registrant or any of its officers, directors or principals? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Has the applicant filed for reorganization or bankruptcy? Yes \_\_\_\_\_ No \_\_\_\_\_

If the answer to any of the above questions is yes, please see page 9.

6. Name the State(s) where the applicant or its affiliates currently broker, originate or service first mortgage loans. \_\_\_\_\_

D. Category of Registrant (Check appropriate box)

☐ A mortgage broker, lender or servicer approved as a seller or servicer by the Federal National Mortgage Association of the Federal Home Loan Mortgage Corporation # \_\_\_\_\_

☐ A mortgage broker, lender or servicer approved as an issuer or servicer by the United States Veterans Administration, or the Federal Home Loan Mortgage Corporation, or the United States Department of Housing and Urban Development # \_\_\_\_\_

List the name and address of any real estate brokerage firm for whom you act as a mortgage broker, lender and/or servicer and from whom you receive additional compensation beyond the customary commission on real estate sales.

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(attach additional pages if necessary)

☐ A mortgage broker, lender or servicer which is a subsidiary or affiliate of a depository financial institution or a subsidiary or affiliate of a holding company of a depository financial institution (optional)

## II. PERSONNEL

List below the names and business addresses for all officers, directors, members, shareholders or partners for this business entity. "Officers" means chief executive and/or operating officer, president, executive or senior vice president, secretary or treasurer. "Shareholders" means if total number of shareholders equals 20 or less, or only of those shareholders holding (or controlling) 10% of the outstanding voting stock of the corporation if there are more than 20 shareholders. If more space is required, please use an additional sheet. (If the applicant is an individual indicate N/A for the above. \_\_\_\_\_)

Name and title	Business Address (Street, City, State and Zip code)
Are all officers and directors listed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

A. Designated correspondent responsible for questions regarding this registration:

Name		Telephone No.
Street Address		Fax No.
City	State	Zip Code

## III. OPERATION AND RECORD RETENTION

A. Location of the principal U. S. office of the registrant:

Name		Telephone No.
Street Address		
City		Zip Code

B. Location where official books and records of the applicant are kept:

\_\_\_\_\_  
Name Telephone No.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

C. Please identify all additional Tennessee office locations at which the business of the applicant is conducted. Attach additional pages if necessary:

\_\_\_\_\_  
Name Telephone No.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

D. Location where pertinent loan documentation is kept regarding loans closed in Tennessee:

\_\_\_\_\_  
Name Telephone No.

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

**IV. AFFIDAVIT OF OFFICIAL SIGNING OF REGISTRATION**

STATE OF \_\_\_\_\_

SS

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_ of the  
\_\_\_\_\_ officer's name and title

\_\_\_\_\_ organized in the State of \_\_\_\_\_  
do hereby declare that I am duly authorized to file the foregoing application and that the statements and representations set forth therein are true to the best of my knowledge and belief.

\_\_\_\_\_  
Officer's signature

Subscribe and sworn to before me, a Notary Public in and for the County of \_\_\_\_\_,  
State of \_\_\_\_\_, in this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

(Notary seal)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

## V. SUPPLEMENTAL QUESTIONNAIRE:

If you answered "yes" to any Regulatory History Questions (page 5) please provide the following details, attach additional sheets if needed.

- a. The type of any judicial or administrative proceeding in which you were involved.
- b. Describe any charges brought against you.
- c. The factual background.
- d. Your name as listed in the court pleadings.
- e. The name and address of any co-defendant.
- f. The name of the court having jurisdiction & the court address.
- g. The case or docket numbers.
- h. Whether any judgment or conviction was entered on each charge, the date of the judgment or conviction, the name of the judge, administrative law judge, referee or other magistrate that entered the judgment or conviction. (Please also attach a copy of any judgment or conviction entered).
- i. Detail any sentence received, including but not limited to, pretrial diversion, court supervision, probation, incarceration; the date of sentencing and the name of the sentencing judge, referee or other magistrate. (Please also attach a copy of any sentencing order).
- j. The name, address and telephone number of any attorney who represented you.

## VI. CERTIFICATION

I hereby certify that the foregoing APPLICATION is true and correct to the best of my knowledge and belief. I understand that omissions or inaccuracies may result in the denial of the APPLICATION.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

SS

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ before me, a Notary Public in and for said County personally appeared \_\_\_\_\_ known to me to be said person named in and who executed the foregoing application and made oath that the statements and representations set forth herein are true to the best of his/her knowledge and belief.

(Notary seal)

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_